

Raymond E. Shepherd House Pre-Application

Unit size: 1 Br ☐ 2 Br ☐ Are you also applying for a project-based voucher? Yes ☐ No ☐

Head of Household's Name: _____

Home Telephone Number: _____ Alt Phone Number: _____

Email address: _____

Do we have permission to contact you through email regarding your application? ☐ Yes ☐ No

Mailing Address: _____

City _____ State _____ Zip _____

Spouse / Co-Applicant's Name: _____

Home Telephone Number: _____ Alt Phone Number: _____

Email address: _____

Do we have permission to contact you through email regarding your application? ☐ Yes ☐ No

Mailing Address: _____

City _____ State _____ Zip _____

Would anyone in your Household benefit from the features of a handicap-accessible unit? ☐ Yes ☐ No

Do you have a pet(s)? If yes, please describe _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit.

| Names of Household Members (First, Middle Initial, Last) | Relationship | SS# | Birth Date | Annual Income | Student (Y/N) If yes, (FT or PT) |
|--|---------------------|------------|-------------------|----------------------|--|
| | Head | | | | |
| | | | | | |
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I/We acknowledge that any changes to this application must be made in writing.

 Signature of Head of Household Date: _____

 Signature of Spouse/Co-Tenant of Household Date: _____

